



COPD AGENTS PA SUMMARY

PREFERRED	Generics unless otherwise noted, Advair Diskus, Albuterol sulfate 0.5% inhalation solution, Atrovent HFA, Combivent, Foradil, Ipratropium bromide 0.02% inhalation solution, Serevent, Spiriva, Symbicort
NON-PREFERRED	Brands with generics available unless otherwise noted, Albuterol/ipratropium neb solution, Arcapta, Brovana, Combivent Respimat, Daliresp, Duoneb, Perforomist, Tudorza Pressair

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Criteria for Lufyllin is listed in a separate document titled "Lufyllin". If albuterol/ipratropium neb solution is approved, the PA will be issued for brand-name Duoneb.

PA CRITERIA:

For Generic Albuterol/Ipratropium Neb Solution or Duoneb

- ❖ Approvable for the diagnosis of COPD

AND

- ❖ Prescriber should submit a written letter of medical necessity stating the reason(s) the separate preferred products, albuterol 0.5% inhalation and ipratropium 0.02% inhalation solution cannot be mixed.

❖

.For Arcapta

- ❖ Approvable for the maintenance treatment of COPD

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Foradil and Serevent.

❖

For Brovana or Perforomist

- ❖ Approvable for the diagnosis of COPD

AND

- ❖ Member should be unable to use a dry powder inhaler (Foradil or Serevent).

For Combivent Respimat

- ❖ Approvable for the diagnosis of COPD

AND

- ❖ Prescriber should submit a written letter of medical necessity stating the reason(s) the preferred product, Combivent MDI, is not appropriate for the member.

For Daliresp

- ❖ Approvable for the diagnosis of severe COPD associated with chronic bronchitis in members 18 years of age or older



AND

- ❖ Faxed documentation of FEV₁ is required unless the member has had at least 2 COPD exacerbations (requiring administration of systemic steroids and/or antibiotics or requiring hospitalization) in the past 12 months.
- ❖ Member must have used a long-acting bronchodilator therapy within the past 12 months and be currently using one.

For Tudorza Pressair

- ❖ Approvable for the maintenance treatment of COPD

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Spiriva.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.